

CY2014 Cosmetic Surgery and Cosmetic Surgery Estimator (v10)

Presented by
DHA UBO Program Office Contract Support

24 June 2014 0800 – 0900

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- Background
- CSE v10 Procedure Additions, Modifications, Deletions & Rate Methodology Update
- CSE v10 Functionality
- CSE v10 Practice Scenario
- CSE v10 Distribution & Effective Date
- Questions & Answers

Background

- Per HA Policy 05-020, “Policy for Cosmetic Surgery Procedures in the Military Health System” (25 Oct 2005):
 - Cosmetic surgery – “Any **elective** plastic surgery performed to **reshape normal structures** of the body **in order to improve the patient’s appearance or self-esteem.**”
 - Reconstructive surgery – “Any plastic surgery performed on **abnormal structures** of the body which are caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive surgery is **generally performed to improve function**, but may also be done to approximate a normal appearance.”

- Elective cosmetic surgery is **not** a TRICARE covered benefit.
- **However**, DoD Health Affairs Policy 05-020 authorizes elective cosmetic surgery in military treatment facilities (MTFs) to “support graduate medical education, board eligibility and certification, and skill maintenance for certified specialists.”
- Services are provided on a “space available” basis and limited to:
 - TRICARE-eligible beneficiaries (including TRICARE for Life) who will not lose eligibility for at least 6 months.
 - Active duty personnel who have written permission from their unit commander.
- **All patients** are fully responsible for surgical fees, applicable institutional and anesthesia charges, as well as the cost of all implants, cosmetic injectables, and other separately billable items associated with elective cosmetic procedures. Patients may also be responsible for follow up care.

MHS Elective Cosmetic Procedure Process

**Patient
Presents for
Surgery
Consult**

**Provider
Examines
Patient**

**Provider
Determines
Procedure
is Elective
Cosmetic
Surgery**

**Provider
Completes
CSE
Superbill**

**Patient
Takes CSE
Superbill to
MSA Clerk**

**MSA Clerk
Enters
Information
into CSE**

**MSA Clerk
Prints CSE
Report and
Gives to
Patient**

**Patient
prepays for
surgery if
scheduled**

Letter of Acknowledgement

I, _____ have selected to undergo
PATIENT'S NAME

NAME OF PROCEDURE(S)

at _____
NAME OF MILITARY TREATMENT FACILITY (MTF)

- 1) **Advance Payment Required:** Elective cosmetic procedures are not a TRICARE covered benefits. I acknowledge and accept responsibility for all charges associated with the above listed procedure(s) including applicable professional, facility, and anesthesia fees plus the cost of any implants, pharmaceuticals, and other separately billable items provided by the MTF. I agree to pay estimated charges, in full, for all elective cosmetic procedures prior to receiving treatment.
- 2) **Prices Subject to Change:** Rates for elective cosmetic procedures are updated periodically by the Assistant Secretary of Defense for Health Affairs. I understand that estimated charges are based on Department of Defense (DoD) rates applicable at the time of payment. Rates cannot be guaranteed until estimated charges have been paid in full.
- 3) **Additional Charges May Apply:** I acknowledge that the initial amount paid may not constitute payment in full since there may be additional charges for services such as laboratory, radiology, and pharmacy, as well as unforeseen but necessary procedures undertaken during the procedure. I understand these charges are not factored into the initial estimate, but will be added upon computation of the final bill. I agree to remit payment for any additional charges within thirty (30) calendar days after presentation of the final bill or, pursuant to the Debt Collection Act of 1982 and Debt Collection Improvement Act of 1996, I will incur additional interest and/or administrative charges.
- 4) **Global Periods for Elective Cosmetic Procedures:** Charges for some procedures include a global period during which routine postoperative follow-up visits and treatment (e.g. removal of stitches or sutures, servicing infected wounds, and dressing changes) are covered at no additional charge. Postoperative visits that are unrelated to the original procedure or that occur after the global period has expired will incur additional charges. Global periods are listed on the cost estimate report where applicable.
- 5) **Refunds:** I understand that if I decide, prior to my scheduled procedure date, not to have an elective cosmetic procedure, I am entitled to a refund of all monies paid for the cancelled procedure. If I change my mind after the procedure has started, applicable professional and ancillary fees will be deducted from the initial payment amount before a refund is issued. Refunds may take up to 8 weeks for processing.
- 6) **Follow-up Care:** I have been informed that follow-up care after an elective cosmetic procedure is not guaranteed in an MTF because the care required may exceed the ability of the facility and/or there may not be appointments available when I need to be seen. Additionally, I understand that follow-up care for elective cosmetic procedures is not a TRICARE covered benefit and I may be financially responsible for follow-up care whether I am treated at a military treatment facility or an outside medical facility. "Benefits are available for the otherwise covered treatment of complications resulting from a non-covered surgery or treatment only when the complication represents a medical condition separate from the condition that the non-covered treatment or surgery was directed toward, and treatment of the complication is not essentially similar to the non-covered procedure. A complication may be considered a separate medical condition when it causes a systemic effect, occurs in a different body system from the non-covered treatment, or is an unexpected complication which is untoward based upon prior clinical experience with the procedure." (Tricare Policy Manual, Chapter 4, Section 1.1, Complications (Unfortunate Sequelae) Resulting from Non-covered Surgery or Treatment)

I fully understand these conditions and agree to proceed.

PATIENT'S SIGNATURE

WITNESS SIGNATURE

1) Advance Payment Required

Estimated charges must be paid, in full, prior to receiving treatment.

2) Prices Subject to Change

Rates are not guaranteed until estimated charges have been paid in full.

3) Additional Charges May Apply

There may be additional charges for services such as laboratory, radiology, and pharmacy, or unforeseen, but necessary, procedures undertaken during the procedure.

4) Global Periods

Postoperative visits that are unrelated to the original procedure, or that occur after the global period has expired, will incur additional charges.

5) Refunds

Refunds are processed for procedures not performed.

6) Follow-up Care

Follow-up care is not guaranteed in an MTF and in accordance with TPM Chapter 4, Section 1.1, complications of cosmetic surgery procedures are excluded from coverage.

- The DHA UBO Program Office is responsible for providing current rates for elective cosmetic procedures in the Military Health System (MHS)
- The DHA UBO Cosmetic Surgery Estimator (CSE) determines charges for elective cosmetic procedures
 - Factors in all potential procedure costs, including professional, facility, anesthesia professional fees, and the cost of implants and pharmaceuticals
- Released and effective 1 July every year
- Rates used in the CSE are updated annually and are based on what TRICARE will allow

Quiz Question #1

- Which statement about elective cosmetic procedures in the MHS is **TRUE**?
 - A) Active duty personnel are not responsible for charges related to elective cosmetic procedures
 - B) Elective cosmetic procedures are generally performed to improve function or approximate normal appearance
 - C) Visits after global period days have elapsed will incur additional charges
 - D) Elective cosmetic procedures are a TRICARE covered benefit

CSE v10.0 Procedure Additions, Modifications, Deletions & Rate Methodology Update

- Only procedures included in CSE can potentially be performed as elective cosmetic procedures
 - Procedures may be performed as medically necessary if documented as such
 - Medically necessary procedures are not priced in the CSE
- **CSE V1.0**: 103 potential elective cosmetic procedures
- **CSE v10.0**: 322 potential elective cosmetic procedures
- Many procedures added to the CSE because of feedback from the field
 - If you have any suggested elective cosmetic procedures, contact the DHA UBO Helpdesk at ubo.helpdesk@altarum.org
 - DHA review and approval necessary

Deleted CSE codes:

- 64613 - Chemodenervation of muscle(s); neck muscle(s) (e.g., for spasmodic torticollis, spasmodic dysphonia)
- 64614 - Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (e.g., for dystonia, cerebral palsy, multiple sclerosis)

Replacing 64613 and 64614:

- 64616 - Chemodenervation of muscle(s); neck muscle(s) excluding muscles of the larynx, unilateral (e.g., for cervical dystonia, spasmodic torticollis)
- 64642 - Chemodenervation of one extremity; 1-4 muscle(s)
- **64643** - Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
- 64644 - Chemodenervation of one extremity; 5 or more muscles
- **64645** - Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)

* *See coding notes below*

Replacing 64613 and 64614 cont'd:

- 64646 - Chemodenervation of trunk muscle(s); 1-5 muscle(s)
- 64647 - Chemodenervation of trunk muscle(s); 6 or more muscles

* *See coding notes below*

- 64643 and 64645 are add-on codes
- Use **64643** in conjunction with **64642** or **64644** when one to four muscles are treated in an additional extremity.
- Use **64645** in conjunction with **64644** when five or more muscles are treated in an additional extremity
- 64644 can have the add-on codes 64643 **OR** 64645
 - These codes are mutually exclusive; both cannot be used

Professional Fees

+

Facility Fees

+

Anesthesia Fees

+

Cost of Implants & Pharmaceuticals

(e.g., Breast Implants, Chin Implants, Botox[®], Restylane[®])

=TOTAL COST

Add-on Code Business Rule

- Current outpatient add-on code calculation = **100% professional fee + 100% facility fee** = add-on code charge
- Should not be an additional facility fee for outpatient add-on codes
- **New business rule** = **100% professional fee** = outpatient add-on code charge

- Ambulatory Payment Classifications (APCs) are used to bill outpatient facility fees
- For some procedures, the cost of the device is included in the APC charge
- This applies to 9 CSE procedures: *19325, 19342, 19357, 17999-Y2189, 17999-5835, 17999-5837, 65760, 65765, and 65767*
- When generating estimates for these procedures, do not charge for additional devices or implants

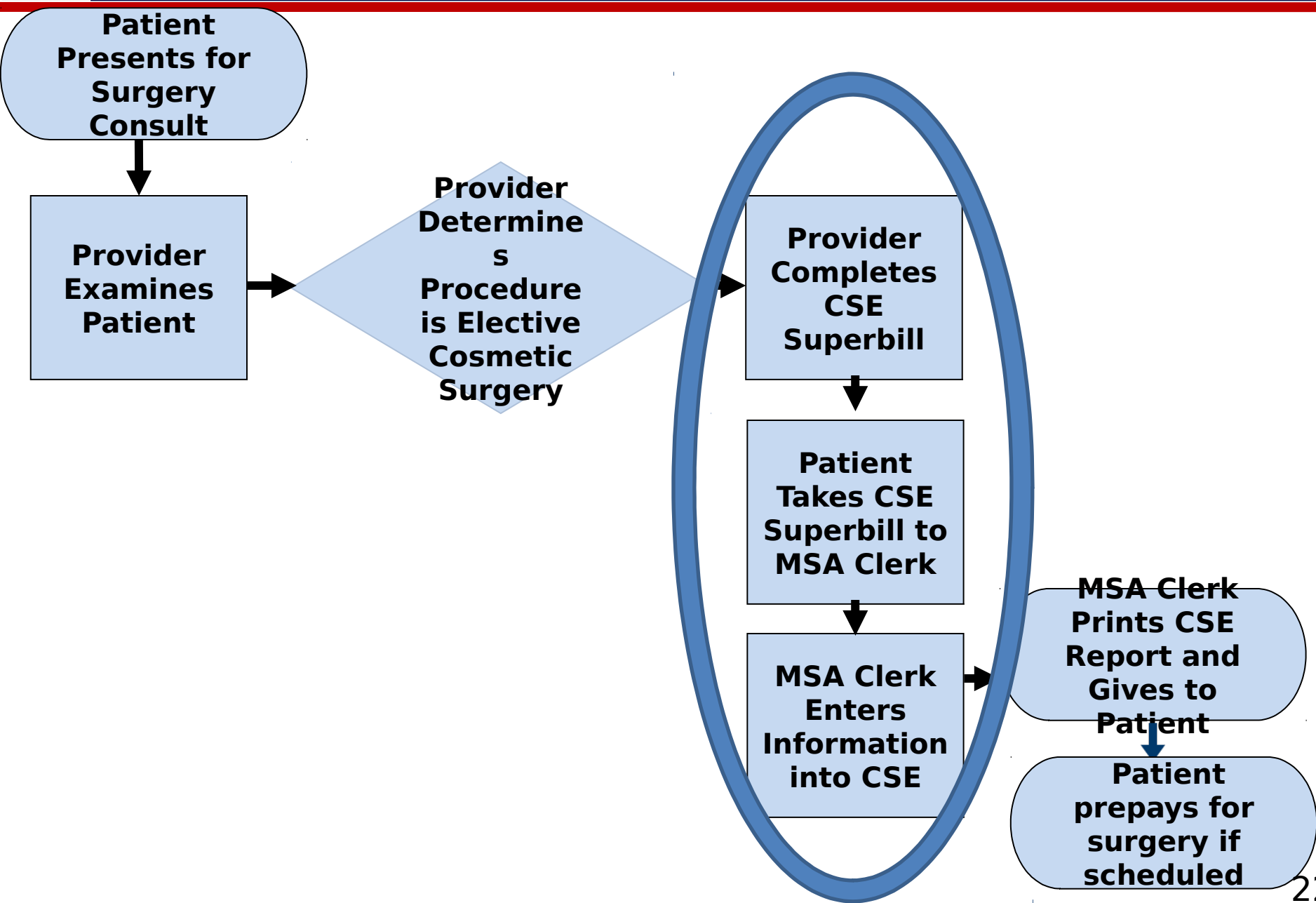
- Pharmaceutical prices pre-populated for: Botox®, Dysport®, and Xeomin®
 - Botox® CY14 TRICARE Allowable Price: \$5.36/unit (no change from CY13)
 - Dysport® CY14 TRICARE Allowable Price: \$.32/unit (was \$.99/unit in CY13)
 - Xeomin® CY14 TRICARE Allowable Price: \$3.03/unit (no change from CY13)
- Ability to override the pre-populated charges if the local MTF pharmacy provides a price for the pharmaceutical
- Unit price needs to be populated for fillers/injectables based on MTF's cost

Quiz Question #2

- Which item is **NOT** included in the cost of elective cosmetic procedures?
 - A) Add-on code facility fees
 - B) Professional fees
 - C) Pharmaceutical fees
 - D) Anesthesia professional fees

CSE v10 Functionality

MHS Elective Cosmetic Procedure Process



Cosmetic Surgery Superbill 2014

Page 1 of 2

INSTRUCTIONS: (1) Fill in top of form. (2) Circle or highlight

Procedure Description. (3) Check Bilateral column (optional). (4)

Enter the quantity of each procedure (optional).

MTF:

Patient Name:

Provider's Name and Phone:

Visit Date: / /

Surgery Date: / /

ICD-9 Code 1:

ICD-9 Code 2:

Anesthesia:

☐ Local Block

Location: ☐ Provider's Office

☐ Operating Room Inpatient

☐ Monitored/General Anesthesia Care

☐ Topical

☐ Operating Room Outpatient

☐ Moderate Sedation

☐ None

Will this procedure be combined with a medically necessary procedure? ☐ Yes ☐ No

Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty
SKIN TAG REMOVAL				RHYTIDECTOMY				CORNEA REFRACTION			
Removal of skin tags, up to 15 lesions	11200			Rhytidectomy; forehead	15824			Keratomileusis	65760		
Removal of skin tags, ea addl 1-10 lesions	11201 +			Rhytidectomy; neck w/P-Flap tightening	15825			Keratophakia	65765		
LESION REMOVAL				Rhytidectomy; glabellar frown lines	15826			Epikeratoplasty	65767		
Shaving of Epidermal or Dermal Lesions (single lesion)				Rhytidectomy; cheek, chin, & neck	15828			INJECTIONS			
Trunk, arms or legs				Rhytidectomy; SMAS flap	15829			Intralesional Injection			
≤ 0.5 cm lesion diameter	11300			BREAST / CHEST AUGMENTATION				Intralesional Injection; 7 or less	11900		
0.6 to 1.0 cm lesion diameter	11301			Mastectomy for Gynecomastia	19300			Intralesional Injection; 8 or more	11901		
1.1 to 2.0 cm lesion diameter	11302			Mastopexy (Breast Lift)	19316						
> 2.0 cm lesion diameter	11303			Mammoplasty; reduction	19318			Subcutaneous Injection of Filling Material			
Scalp, neck, hands, feet, genitalia				Mammoplasty; augmentation w/o implant	19324			1.0 cc or less	11950		
≤ 0.5 cm lesion diameter	11305			Mammoplasty; augmentation w/implant	19325			1.1 - 5.0 cc	11951		
0.6 to 1.0 cm lesion diameter	11306			Removal of intact mammary implant	19328			5.1 - 10.0 cc	11952		
1.1 to 2.0 cm lesion diameter	11307			Removal of implant material	19330			More than 10.0 cc	11954		
> 2.0 cm lesion diameter	11308			Immediate insertion of implant	19340			Soft Tissue Fillers			
Face, ears, eyelids, nose, lips, mucous membrane				Delayed insertion of implant	19342			(Enter a pharmaceutical, price per unit and quantity)			
≤ 0.5 cm lesion diameter	11310			Nipple / areola reconstruction	19350			Name	Price	Qty	
0.6 to 1.0 cm lesion diameter	11311			Correction of inverted nipples	19355						
1.1 to 2.0 cm lesion diameter	11312			Breast reconstr; immed / delayed	19357						
> 2.0 cm lesion diameter	11313			Open periprosthetic capsulotomy; breast	19370						
Excision of Benign Lesion (including margins)				Periprosthetic capsulectomy; breast	19371			SKIN RESURFACING			
Trunk, arms or legs				Revision of reconstructed breast	19380			Dermabrasion			
≤ 0.5 cm excised diameter	11400			Pectoral Augmentation w/implant, male	17999-Y2189			Total face	15780		

INSTRUCTIONS: Circle/highlight **Procedure Description**; check **Bilateral (Bi)** column; and enter the **Quantity (Qty)** of each procedure.

- Users required to input DMIS ID:
 - To download CSE files from ubocse.org
 - To use CSEv10.0 for the first time
- Only users from facilities that have indicated they allow/perform cosmetic procedures can access CSE.
 - Other MSA personnel prompted to contact UBO Help Desk: ubo.helpdesk@altarum.org



Defense Health Agency
Uniform Business Office

Cosmetic Surgery Estimator

Logout CSE2014 (ubocse)
Last Login: 27 May 2014 15:49

Welcome CSE2014

Please enter your 4-digit DMIS ID (including any leading zeroes) to download the UBO Cosmetic Surgery Estimator files.

Only facilities that have notified DHA that they perform cosmetic procedures have access to the CSE.
If you have trouble downloading the files or do not know your DMIS ID, contact the CSE Helpdesk: ubo.helpdesk@altarum.org
Subject: UBO CSE - DMIS ID Assistance

- Added additional capability to the current Microsoft Access® based CSE
 - When a user starts the CSE, the CSE will check the web service to check if updates are available
 - Minor data updates, such as default pharmaceutical costs, may be applied automatically
 - If major database updates, users will be asked to download a new version of the CSE
- Two way communication can be established between the CSE application and the updates server
 - A record of all estimates produced can be gathered for analysis
- The most current version of the CSE will always be available for download on ubocse.org and notification e-mails will still be sent to UBO Service and NCR MD Program Managers when updates are made

- All functionality from CSE v9 was carried over to CSE v10
 - Will review during CSE v10 Practice Scenario



CSE v10 Primary Procedure Screen

Section 1: Enter a Primary Procedure

DHA UBO Cosmetic Surgery Estimator v10.0

CPT®/Procedure Glossary

Description

1 Primary CPT®/Procedure: 21154 Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts), without LeFort I

2 Procedure Location: ☐ Provider's Office ☐ OR/Outpatient ☒ OR/Inpatient

3 Will this procedure be combined with a medically necessary procedure? ☒ Yes ☐ No

4 Will this procedure be performed by a dermatology resident? N/A

5 Will this procedure be bilateral? N/A

6 Quantity: 1

7 Add-on Code: N/A

8 Anesthesia: N/A

Section 2: Costs are automatically calculated

Professional Fee: \$2,282.63

Facility Fee: \$9,182.28

Medically Necessary Discount: -\$4,591.14

Resident Discount: \$0.00

Bilateral Cost: \$0.00

Additional Quantity Cost: \$0.00

Add-on Cost: \$0.00

Anesthesia Fee: \$0.00

Pharmaceutical Cost: \$0.00

Additional Procedure Cost: \$36,181.90

Implant/Supply Cost: \$0.00

Total Cost: \$43,055.67

Section 3: •Edit Estimate Entries •View, Print, Save a Cost Report

View/Edit Additional Procedures (1)

View/Edit Implants and Supplies

Clear Estimate

View/Print Cost Report

Save Cost Report

Exit Estimator

CPT® is a registered trademark of the American Medical Association. Procedure codes designated as 17999-XXXX are developed by the DoD TMA UBO and are not intended to serve as CPT® codes.



CSE v10 Additional Procedures Screen

Section 1:

Additional Procedure Entry Form

Glossary

<u>Code</u>	<u>Description</u>	
1* Additional CPT®/Procedure:		Professional Fee + Facility Fee: \$0.00
2 Will this procedure be performed by a dermatology resident? N/A		Resident Discount: \$0.00
3 Will this procedure be bilateral? N/A		Bilateral Cost: \$0.00
4 Quantity/Number of Sessions: N/A		Quantity/Session Cost \$0.00
5* Anesthesia: <input type="radio"/> None <input type="radio"/> Topical <input type="radio"/> Local <input type="radio"/> Moderate Sedation <input type="radio"/> General/Monitored		Anesthesia Fee: \$0.00
6 What pharmaceuticals will be provided by the MTF: N/A		Pharmaceutical Cost: \$0.00

Add Procedure

Total Cost: \$0.00

CPT Code	CPT Description	Qty	Pro Fee	Facility Fee	Bilat Fee	Anest. Fee	Pharm	Pharm Fee	Total Cost

Section 2:

List of Additional Procedures Added to the Estimate

Total Additional Procedures Cost: \$0.00

Clear List

Return to Estimate

Line 1: Primary Procedure

Code	Description	Professional Fee
1 Primary CPT®/Procedure		\$0.00
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof	
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter	
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter	
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter	
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter	
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; 1	
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; 1	
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; 1	
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; 1	
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs	
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs	

Selecting a Primary Procedure

Price estimates for elective cosmetic surgery vary based on the procedure(s) chosen. To begin, select a primary procedure from one of the two drop-down menus available on Line 1. You can search for a procedure by:

- CPT®/Procedure Code (listed in numerical order), or
- CPT®/Procedure Description (listed in alphabetical order).

NOTE: The professional fee for an elective cosmetic procedure is based on both the procedure chosen and the location of service. Therefore, the professional fee for the primary procedure will only be populated in the cost column after both the primary procedure (Line 1) and procedure location (Line 2) are selected.

Line 1: Primary Procedure is a required field for all elective cosmetic procedure estimates. You will not be able to view, print, or save a CSE cost estimate report until a selection has been made for all required fields. Required fields are marked with an asterisk (*) next to the line number. Once a selection has been made, the asterisk will disappear.

CSE Superbill: CPT®/Procedure Codes and Descriptions

The DHA Elective Cosmetic Surgery Superbill is a two page document that lists CPT®/Procedure codes for all elective cosmetic procedures available in the MHS. The Superbill is completed by the provider and used to enter data into the CSE to generate a cost estimate. The Superbill is prepared and distributed by the DHA UBO Program Office. Use of alternate Superbills is not authorized. The Superbill contains all required information to generate a complete cost estimate for elective cosmetic procedures.

Procedure Description	Code	BI	Qty
SKIN RESURFACING			
Dermabrasion			
Total face	15780		
Segment, facial	15781		
Regions, non-facial	15782		
Superficial, any site (e.g. tattoo removal)	15783		
Abrasion, single lesion	15786		
Abrasion, each add'l 1-4 lesions	15787*		

Refer to Appendix B for a full view of the DHA UBO Cosmetic Surgery Superbill.

- Guide provides line-by-line “how-to” instructions
- Available as a PDF and as the Help function in the CSE
 - Press F1 in the CSE to access the User’s Guide
- Includes quick reference tables that summarize various categories of procedures

Quiz Question #3

- Which statement is **FALSE** about CSE v10 functionality?
 - A) All DMIS IDs are valid and can be used to access the CSE
 - B) MSA clerks use the Superbill to obtain procedure information and generate estimates in the CSE
 - C) The CSE User Guide can be accessed using F1 while in the database
 - D) In order to receive automatic CSE database updates, users must be connected to the internet

CSE v10 Practice Scenario

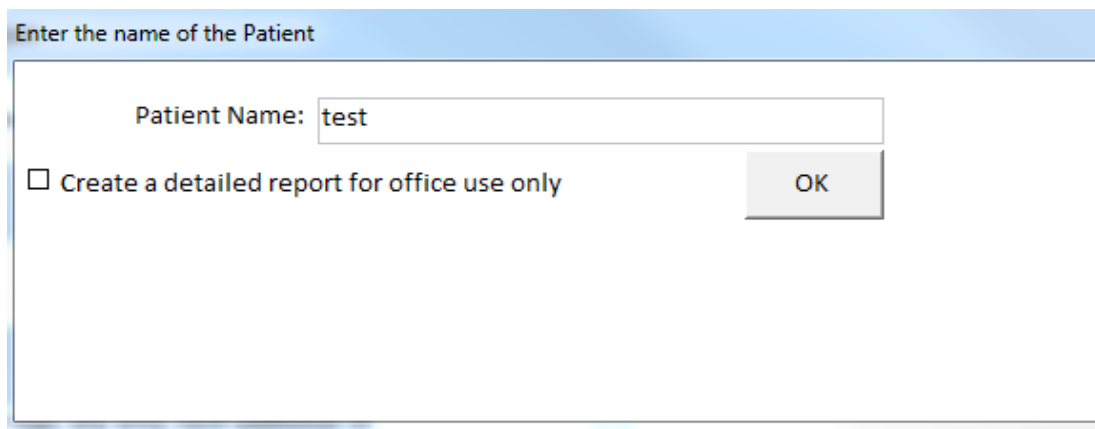
• A patient is scheduled to have 28 skin tags removed (CPT® 11200 and 11201). As an additional procedure, the patient is having three (3) .3cm trunk lesions removed (CPT® 11300). The procedures will be performed:

1) In Provider's Office setting

Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty	Procedure Description	Code	Bi	Qty
SKIN TAG REMOVAL				RHYTIDECTOMY				INJECTIONS			
Removal of skin tags, up to 15 lesions	11200		1	Rhytidectomy; forehead	15824			Intralesional Injection			
Removal of skin tags, ea addl 1-10 lesions	11201 +		2	Rhytidectomy; neck w/P-Flap tightening	15825			Intralesional Injection; 7 or less	11900		
LESION REMOVAL				Rhytidectomy; glabellar frown lines	15826			Intralesional Injection; 8 or more	11901		
Shaving of Epidermal or Dermal Lesions (single lesion)				Rhytidectomy; cheek, chin, & neck	15828			Subcutaneous Injection of Filling Material			
Trunk, arms or legs				Rhytidectomy; SMAS flap	15829			1.0 cc or less	11950		
≤ 0.5 cm lesion diameter	11300			BREAST / CHEST AUGMENTATION				1.1 - 5.0 cc	11951		
0.6 to 1.0 cm lesion diameter	11301			Mastectomy for Gynecomastia	19300			5.1 - 10.0 cc	11952		
1.1 to 2.0 cm lesion diameter	11302			Mastopexy (Breast Lift)	19316			More than 10.0 cc	11954		

- When entering the data in the Estimator, accidentally entered Quantity 4 for procedure 11300 on the additional procedure screen

- Once the estimate is generated, print a cost estimate and internal detail report



Enter the name of the Patient

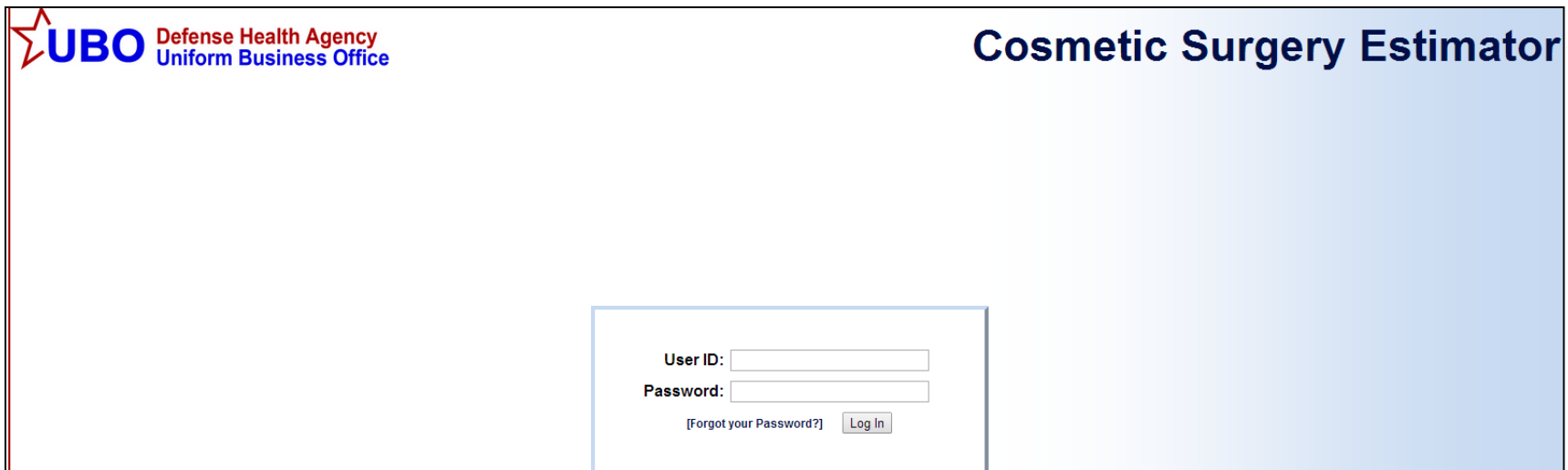
Patient Name:

☐ Create a detailed report for office use only

OK

CSE v10 Distribution & Effective Date

- The CSE v10 application and all associated materials will be available for download from the DHA UBO CSE Web site at: <https://www.ubocse.org>
- Files will be password protected and Service and NCR MD -specific for controlled access
- User ID and password will be distributed to UBO Service and NCR MD Program Managers who will disseminate information to MTF staff



The screenshot shows the login interface for the 'Cosmetic Surgery Estimator'. In the top left corner is the UBO logo with the text 'Defense Health Agency Uniform Business Office'. In the top right corner is the title 'Cosmetic Surgery Estimator'. The main area is a light blue rectangle. At the bottom center of this rectangle is a white box containing the login fields: 'User ID:' followed by a text input field, 'Password:' followed by a text input field, a link '[Forgot your Password?]', and a 'Log In' button.

UBO Defense Health Agency
Uniform Business Office

Cosmetic Surgery Estimator

User ID:

Password:

[\[Forgot your Password?\]](#)

- Cosmetic Surgery Rates are included in the CY 2014 Outpatient Itemized Billing (OIB) Rate Package which is scheduled to be effective 1 July 2014.
- Items included in CSE v10 package:
 - CSE v10 Access database
 - CSE v10 User's Guide
 - CSE v10 Rate Table
 - CSE v10 Superbill
 - CSE v10 Provider's Guide
 - CSE v10 Letter of Acknowledgment
 - CSE v10 Glossary
 - CSE v10 Patient Guide

- Updated “Elective Cosmetic Procedures” section of UBO User Guide
 - Revised April 2014
- Can be found on the UBO website at: http://www.tricare.mil/ocfo/mcfs/ubo/policy_guidance/userguide.cfm
- 2006 version of the UBO Manual DoD 6010.15-M is the most current version
 - Upcoming Manual updates do not change cosmetic surgery policy
 - Still reiterates and reinforces requirements in the 2005 HA Policy 05-020 memorandum

- Deleted and added chemodenervation codes
- Outpatient add-on code facility fee removed
- CSE v10 functionality largely unchanged from v9
 - New DMIS ID entry feature
- CSE User Guide available as a resource
- CSE v10 will be effective 1 July 2014 and will be released prior to that date
 - Ubocse.org
- Elective cosmetic surgery policy and guidance remains unchanged

Questions?

This in-service webinar has been approved by the American Academy of Professional Coders (AAPC) for 1.0 Continuing Education Unit (CEU) credit for DoD personnel (.mil address required). Granting of this approval in no way constitutes endorsement by the AAPC of the program, content or the program sponsor. There is no charge for this credit.

- **Live broadcast webinar (post-test not required)**
 - Login prior to the broadcast with your: 1) full name; 2) Service affiliation; and 3) e-mail address
 - View the entire broadcast
 - After completion of both of the live broadcasts and after attendance records have been verified, a Certificate of Approval including an AAPC Index Number will be sent via e-mail to participants who logged in or e-mailed as required. This may take several business days.
- **Archived webinar (post-test required)**
 - View the entire archived webinar (free and available on demand at http://www.tricare.mil/ocfo/mcfs/ubo/learning_center/training.cfm)
 - Complete a post-test available *within* the archived webinar
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